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Central Organization ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49769/AG/ECHS

31 Jul 2024

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

IMPLEMENTATION DIRECTIVES OF ECHS CDL (ECDL – 2024)

1. Please refer the following (copies attached) :-

(a) CO ECHS letter No B/49769/AG/ECHS dt 19 Oct 2023 regarding Implementation Directives of CDL-2023 promulgated.

(b) CO ECHS letter No B/49769/AG/ECHS dt 14 Jun 2024 regarding Implementation Directives of ECHS Medicine Formulary.

2. The CDL 2023 was introduced with the primary aim of focusing on commonly prescribed drugs and formulations to ensure maximum coverage of diseases and availability of medications. The drugs in the CDL were reduced from approximately 4500 to about 1500. Due to the extensive list of medicines, SEMOs were unable to meet the aspirations of the polyclinics, resulting in many beneficiaries not able to get their due medicines and waiting for ALC medicines or long reimbursement procedure.

3. After the promulgation of implementation directive of ECHS CDL - 2023, many representations were received for adding medicines and therefore the complete medicine list was revised. A total of 780 drugs has been added to CDL-2023. The ECDL - 2024 consists of 2227 drugs in total. This letter will be final and binding till the ECDL - 2024 is revised; which is likely in Feb – Mar 2025.

4. The ECDL - 2024 is dynamic, with new medicines permitted to be added based on SEMO recommendations but on approval from Central Org. Such changes will be communicated to all concerned. The following directives will be implemented forthwith :-

(a) **Cancer and Other Life Saving Drugs** : SEMOs may purchase cancer and other vital essential medicines even if they are not in the ECDL- 2024. SEMOs can use their emergency powers to procure these medications on a patient-specific basis when urgently needed. This procurement is not bulk and should only cover the duration required. Additionally, polyclinics may forward requests to add these medicines to the ECDL- 2024 with SEMO's recommendation. This process applies only to cancer and other lifesaving vital drugs.

(b) The above provision does not apply to combinations removed from the ECDL- 2024. As per CGHS rules, fancy vitamin combination, food supplements, or nutraceuticals should not be requested for purchase or procurement by SEMOs. The vitamins which are part of the treatment can be demanded from SEMO and also be bought from ALC

(c) The procurement process and budgetary allocation should align with this goal. If SEMOs have any budgetary requirements for purchasing cancer and critical life saving drugs, they may project these to the CO ECHS through the command channel. A separate fund for Cancer and Vital drugs is purposed to be created and the case is being taken up.

(d) SEMOs must adhere to the policy of procuring only ECDL – 2024 listed drugs for other medications. A forum at the Sub Area / Stn level will be convened under the aegis of the concerned HQs to periodically monitor the progress and adequacy of procurement of medicines where OIC PC, Dir RC and SEMOs will take part under the stewardship of the nominated chairperson by the GoC Sub Area / Area and equivalent in the Naval and IAF establishments.

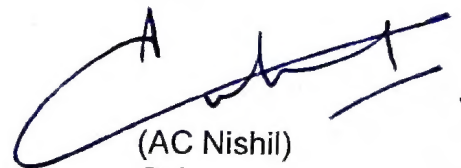
(e) A monthly monitoring and evaluation system will be in place to track implementation progress and measure at the Central Org based on the statistics being generated automatically by the PHARMACY MODULE.

(f) No unauthorised drug or store, i.e outside the ECDL- 2024, will be procured as the same will not be included in the Pharmacy Module.

5 Lab reagents, X-ray, and dental equipment are not included in the ECHS Central Drug List (ECDL- 2024). The OIC PC will prepare a demand periodically in a time bound manner. The Senior Medical Officer (SEMO) may approve this list of required reagents for each polyclinic based on their equipment profile, and reagents for gifted equipment may be procured from the ECHS fund. Similarly, the Senior Dental Officer (SEDO), in consultation with the Dental Officer, may approve a list of requirements for the dental section. Polyclinics must forward a utilization certificate for all approved reagents and dental supplies along with their demand.

6. For the in-patient treatment of veterans, the SEMO will create a separate list of required medicines and procure them. The ECDL - 2024 is intended for medicine reimbursement from ECHS Polyclinics or ECHS extension counter in AFMS hospital if available.

7. Any medicine which is critical for patient and not available in ECDL- 2024, NA will be sanctioned by Central Org after recommendation through SEMO. The medicine will be added to the ECDL- 2024 after approval of MD ECHS.
8. The O/o DGAFMS is requested to issue instructions based on the above for compliance by SEMOs at the earliest.
9. This has the approval of MD ECHS.



(AC Nishil)
Col
Dir (Med)
For MD ECHS

Copy to:-

DGAFMS/DG-3A

DGMS (Army)/ DGMS – 5 (B)

DGMS (Air Force) (Med-7)

DGMS (Navy)/ Dir ECHS (Navy)

- O/o DGAFMS & respective DGsMS requested to issue directions to line dte so that SEMOs may implement these provision issued vide this letter.

MoD/DoESW

HQ Cost Guard Veteran Cell
(cgvcopers@indian cost guard.nic.in)

AMA ECHS, Embassy of India,
Nepal

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5-1-664, Bank Street,
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- for your info pl.

Internal

All Sec

Stats & Automation Sec

UTI-ITSL (BPA).

- for info

- for uploading on website and issue necessary instr. to

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14 Jun 2024

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IHQ of MoD (Air Force)
IHQ of MoD (Army)
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IMPLEMENTATION DIRECTIVES OF ECHS MEDICINE FORMULARY

1. Please refer to the Implementation Directives of CDL-2023 promulgated vide Letter Number B/49769/AG/ECHS dated 19 Oct 2023.
2. The CDL 2023 was introduced with the primary aim of focusing on commonly prescribed drugs and formulations to ensure maximum coverage of diseases and availability of medications. The drugs in the CDL were reduced from approximately 4500 to about 1500. Due to the extensive list of medicines, SEMOs were unable to meet the aspirations of the polyclinics, resulting in many beneficiaries having to fend for themselves or resort to the long and cumbersome reimbursement process.
3. Following the release of the list, a pilot project was run in the Polyclinics in Delhi. Unlike hospital settings where doctors are aware of available medications and prescribe accordingly, the ECHS ecosystem varies as veterans and their families depend mainly on empanelled hospitals, with each treating doctor having their own preferences. Furthermore, new molecules are continuously developed for certain diseases, and ECHS aims to ensure that its veterans have access to all possible treatments. Feedback was collected from all RCs and polyclinics, which interact daily with patients and hospitals. The final list of medicines to be added, which will be called the ECHS Formulary 2024, is under review.
4. Many veterans have faced issues due to the policy that SEMOs will not purchase any drug outside the CDL. While the CDL is under review for expansion, the ECHS Formulary is dynamic, with new medicines added based on SEMO recommendations. Such changes will be communicated to all concerned. Considering representations from veterans and certain SEMOs, the following directives are to be implemented:

(a) **Oncology related and Other Vital Essential Drugs:** SEMOs may purchase cancer and other vital essential medicines even if they are not in the formulary. SEMOs can use their emergency powers to procure these medications on a patient-specific basis when urgently needed. This procurement is not bulk and should cover the duration required. Additionally, polyclinics may forward requests to add these medicines to the ECHS Formulary with SEMO's recommendation. This process applies only to cancer and lifesaving vital drugs.

(b) The above provision does not apply to combinations removed from the CDL. As per CGHS rules, vitamins, food supplements, or nutraceuticals should not be requested for purchase or procurement by SEMOs.

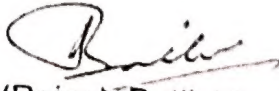
(c) The procurement process and budgetary allocation should align with this goal. If SEMOs have any budgetary requirements for purchasing cancer and critical vital drugs, they may project these to the CO ECHS through the line directorates. A separate fund for Cancer and Vital drugs is kept separately for the above purpose.

(d) SEMOs must adhere to the policy of procuring only CDL-listed drugs for other medications which will be revised soon. RCs will monitor procurement activities to ensure compliance. Any additions or changes to the ECHS Formulary will be communicated to SEMOs.

(e) A monthly monitoring and evaluation system will be in place to track implementation progress and measure impact.

5 Lab reagents, X-ray, and dental equipment are not included in the Central Drug List (CDL). The Senior Medical Officer (SEMO) may approve a list of required reagents for each polyclinic based on their equipment profile, and reagents for gifted equipment may be procured from the ECHS fund. Similarly, the Senior Dental Officer (SEDO), in consultation with the Dental Officer, may approve a list of requirements for the dental section. Polyclinics must forward a utilization certificate for all approved reagents and dental supplies along with their demand.

6. This has the approval of MD ECHS.


(Rajesh Battish)
Surg Capt
Offg Dir (Med)
For MD ECHS

Copy to:-

MoD/DoESW

CGDA

UTI- ITSL (BPA)

SDCPL

- for info pl.

DGAFMS

- O/o DGAFMS & respective DGsMS requested to issue directions to line dte so that SEMOs may implement these provision issued vide this letter.

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B/49769/AG/ECHS

19 Oct 2023

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HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
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IMPLEMENTATION DIRECTIVES OF CDL-2023 IN ECHS

1. The SEMOs, are entrusted with the procurement of medicines for the ECHS beneficiaries via DGAFMS Letter No. 19189/DGAFMS/DG-2C/ECHS dated October 10, 2016. The ECHS funds for the procurement of medicine are directly allotted from the DGAFMS office to the three DGMSs, who in turn allot them to the SEMOS under them. The medicines are issued to the polyclinics under the SEMO as per the command-and-control matrix.

2. The primary aim of drug formulation in a medical scheme is to focus on commonly prescribed drugs and formulations so that a maximum number of diseases are reasonably covered and the availability of drugs is ensured. The demands for the drugs in the polyclinics are taken from a module that has a list of more than 4500 drugs and additional items. Due to this vast medicine list, the SEMOs are unable to meet the aspirations of the polyclinics, and as a consequence, many beneficiaries are left to fend for themselves or take the long and cumbersome reimbursement route.

3. Due to the perceived advantages, the implementation of a CDL-2023 is essential. A complete analysis of the existing list of 4500 drugs, considering their therapeutic value, medical necessity, and relevance to the veterans were done. After compiling the list feedback and insights from the senior medical fraternity was taken on the essential drugs. Based on expert input and discussions, final the list of about 1500 vital and essential drugs was come upon. Pertinent issues are:-

(a) The CDL-2023 will have all the vital and essential drugs, which form 80-90% of the demand but take up less of the budget.

(b) The CDL-2023 will have only the standard combinations; all other combinations have been removed from the CDL. As per the CGHS rule, vitamins, food supplements, or nutraceuticals have been not included in the list.

(c) Majority of the drugs are aligned to the PVMS number for ease of procurement and to maintain a standard list in all the polyclinics.

(d) All the empanelled hospitals will have to be informed that the medicines should be prescribed from this list. If any new drug is required to be added to the list, a detailed essentiality certificate should be forwarded and will follow a due process before inclusion.

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(e) The CDL-2023 that has been prepared is aligned with the CDL of the DGAFMS office. The same is also aligned with the NLEM and revised CGIS (revised) drug list.

(f) With the implementation, it is essential that the primary goal of the CDL implementation of at least having a 90-95% satisfaction level in terms of medicine availability be achieved.

(g) The procurement process and the budgetary allotment should be aligned to achieve the goal.

Mode of Implementation

4. The implementation of the CDL -2023 and transfer to the new system will be done in a gradual and phased manner. The aim is to ensure that the essential drugs are included while eliminating redundancy and non-critical options. Thus, step-by-step implementation strategy to achieve this is as following:-

(a) Demands from the polyclinic will be strictly in accordance to the CDL-2023 with immediate effect. The yearly MMF will also be calculated as per CDL-2023. All ALC and NA will also be issued as per the CDL-2023. No NA is to be given for branded drugs, combination drugs, vitamins, or supplements. Only the vitamins can be prescribed, if it is the part of the treatment.

(b) Purchase of any drug not in the list will invariably require the concurrence of MD ECHS, if the OIC PC and MOs and SEMO concerned opine so unanimously.

(c) Procurement Adherence.

(i) The SEMOs will strictly adhere to the policy of procuring medicines only from the CDL-2023, even if inadvertently the monthly or quarterly demands from PCs exceed the same.

(ii) The RCs will monitor procurement activities and ensure compliance with the CDL-2023 procurement policy. Any addition or changes to the CDL-2023 will be intimated to the SEMO.

(iii) This demand will be budgeted from the last purchase price and PC/RC will ensure that the demand is realistic based on the requirement after taking stock of the balance medicine. RC will liaise with the CO ECHS to ensure the required budget is available with the SEMO.

(d) Legacy Medicines Management.

(i) SDCPL will effectively manage the pharmacy Module enabling prescription of legacy medicines while concurrently facilitating prescription and disbursement of medicines from the CDL-2023.

(ii) SDCPL will put in place a system where only the drugs in the CDL-2023 will be demanded from SEMO or be procured through ALC. No NA will be generated for drugs not in the CDL-2023 list.

(iii) The legacy drugs will continue to be prescribed to beneficiaries till it is exhausted or the medicines expire.

(v) Drugs in the module that are not part of CDL-2023 will be given a period of 6 months for dispensing or will expire in due course. In the course of six months, the general trend will be visible if the measures have increased the satisfaction level.

(vi) Also, if a particular drug is being procured consistently in ALC in many polyclinics, the same may be included in the CDL-2023. Provision in Para 4(b) will strictly apply and sanction of MD ECIS will be obtained on case by case basis.

(e) IT Changes required.

(i) The IT infrastructure changes needed as per requirement to implement this change have been put in place. This to ensure that demand from PCs are generated per the new CDL-2023 only. Concurrently the legacy drugs in the PCs are available for issue till exhausted it is either due to being prescribed or expired.

(ii) App Development and Deployment:- Develop user-friendly apps for mobile phones that enable MOs to easily convert branded drug compositions into generic formulations available in the new CDL-2023.

(iv) Training and Adoption:- Conduct training sessions for MOs to effectively use the apps and empower them to prescribe medications from the CDL-2023 accurately.

(v) Establish a system to regularly update PCs on the contents and changes in the CDL-2023 to obviate violations.

(vi) The demands and MMF should be system-generated.

(f) Medical Officers' Involvement.

(i) Provide ongoing training and workshops for Medical Officers (MOs) to update them on the new CDL-2023 and ensure they are well-versed in prescribing medicines from the list.

(ii) Equip MOs with tools and platforms for real-time updates on legacy drug stock positions to make informed prescribing decisions.

(iii) Develop training programs to educate healthcare providers about the updated drug list and its implications on clinical practice.

(iv) Facilitate communication between SEMOs and MOs to advise on the conversion of branded drugs prescribed by Empaneled Hospitals (EHs) to generic compositions available in the CDL-2023.

(v) After six months, the system will completely switch over to the new CDL-2023.

(g) Stakeholder Communication and Sensitization.

(i) RCs and PCs to conduct ESM awareness programs, including the use of banners, posters, and other visual aids in vernacular languages, to inform beneficiaries about the benefits of the new CDL-2023.

(ii) Organize training and awareness programs for Officers-in-Charge (OsIC) to identify legacy drugs not in the CDL-2023 that might cause concerns among beneficiaries.

(iii) OsIC should engage in sensitizing beneficiaries about the shift in policy and educate them on alternative medicines available in the CDL-2023. Encourage OsIC to engage with beneficiaries to address their concerns.

(iv) Organize proactive sensitization efforts by Stn Cdrs and GOsC at ESM Meets, Canteen Stores Department (CSD) outlets, and Zila Salnik Boards (ZSBs). This will help in addressing concerns and fostering understanding among beneficiaries.

(v) Ensure that all Station Commanders (Stn Cdrs) and General Officers Commanding (GOsC) are aware of the policy shift and the importance of maintaining the safety and security of PC staff. Implement security measures if necessary.

5. A monthly monitoring and evaluation system will be in place to track the implementation progress and measure the impact of the CDL-2023. Necessary adjustments to the strategy based on feedback and performance data will be done by CO ECHS.

6. For certain drugs which are not in the list that may be needed by an individual veteran or their beneficiary while fwg provisions at Para 4 (b) above the proc is as below :-

(a) Additions to the CDL-2023 can be done if the drug is not in the ECHS CDL-2023 but is available in the PVMS, CGHS or NELM list.

(b) Any drug which is new to the market can be added after permission from the specialist from the speciality.

(c) A yearly review of the list may be done for revision.

7. The SEMOs may ensure a 95-100% satisfaction level. Also, on the new CDL-2023, the SEMO is to put in place an advance plan to ensure the above satisfaction level. The polyclinics should forward realistic MMF based on consumption and the balance in the polyclinics. The SDCPL is tasked to put in place an end-to-end IT system with visibility for all the stakeholders.

8. By following this comprehensive implementation plan, a smooth transition to the new CDL of medicines can be achieved while addressing the specified requirements and fostering understanding among all stakeholders.

9. This has the approval of MD ECHS.

(AC Nishil)
Col
Dir (Med)
For MD ECHS

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